

SUMMER CAMP 2016 REGISTRATION FORM

SUNSHINE KIDZ CAMP

AGES 3 - 5 YEARS ~ TIME: 8:45AM-1:00PM

Please refer to "Leisure Times" for full summer camp details. Please print clearly!

Birth Certificate or Valid Passport Required at Registration

CAMPER'S NAME

Date of Birth

Gender

		M F
Address		<i>City of Fairfax Resident?</i>
		Yes No

GUARDIAN NAME

Email

Home Phone

Address	Cell Phone	Business Phone

2nd GUARDIAN NAME

Email

Home Phone

Address	Cell Phone	Business Phone



Please Choose Camp Site:

_____ **DANIELS RUN Elementary School**
 _____ **PROVIDENCE Elementary School**

FULL SUMMER (6/29-8/19, no camp 7/4)	Session A (6/29-7/1)	Session B (7/5-7/15 no camp 7/4)	Session C (7/18-7/29)	Session D (8/1-8/12)
___ \$899	___ \$90	___ \$270	___ \$300	___ \$300

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ___ YES ___ NO

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook including Refund Policy

Signed: _____ **Printed:** _____ **Dated:** _____

PAYMENT INFORMATION

___ **Pay in Full** ___ **Payment Plan** ___ **Check** ___ **Cash** ___ **Credit**

Late Fee: For those who chose payment plan there will be a 5 business day grace period then a \$25 late fee will be incurred every additional five days that the payment is outstanding.

CREDIT CARD INFORMATION *required for all payment plans*

Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover

Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____

Signature _____

*All Emergency Contact/Health History Forms must be completed and handed in before **June 20th 2016**.
 Forms can be found on www.fairfaxva.gov/parksrec*